



CONTINUATION OF TRAUMA CARE

THIS POLICY IS FOR CONTINUATION OF TRAUMA CARE PATIENTS FROM A REFERRAL HOSPITAL (RH) TO AN ICEMA DESIGNATED TRAUMA CENTER (TC) AND CONTINUATION OF TRAUMA CARE PATIENTS BETWEEN TCs WHEN A HIGHER LEVEL OF CARE IS REQUIRED; AND SHALL NOT BE USED FOR ANY OTHER FORM OF INTERFACILITY TRANSFER OF PATIENTS.

PURPOSE

To support a system of trauma care that is consistent with American College of Surgeons (ACS) standards and ensures the minimal time from patient injury to receiving the most appropriate definitive trauma care.

DEFINITIONS

1. **Trauma Center (TC)** - A licensed general acute care hospital designated by ICEMA's Governing Board as a trauma hospital in accordance with State laws, regulations and ICEMA policies.
2. **Referral Hospital (RH)** - Any licensed general acute care hospital that is not an ICEMA designated TC.

INCLUSION CRITERIA

Any patient meeting ICEMA Trauma Triage Criteria, (Reference ICEMA Policy #15030) arriving at a non-trauma hospital by EMS or non-EMS transport.

INITIAL TREATMENT GOALS (at RH)

1. Initiate resuscitative measures within the capabilities of the facility.
2. Ensure patient stabilization is adequate for subsequent transport.
3. Transfer timeline goal is <30 minutes door-to-door-out.
4. DO NOT DELAY TRANSPORT by initiating any diagnostic procedures that do not have direct impact on IMMEDIATE resuscitative measures.

5. RH ED physician will make direct physician-to-physician contact with the ED physician at the TC.
6. The TC will accept all referred trauma patients unless they are on Internal Disaster as defined in ICEMA Policy #8060.
7. The TC ED physician is the accepting physician at the TC and will activate the internal Trauma Team according to internal TC protocols.
8. RH ED physician will determine the appropriate mode of transportation for the patient. If ground transportation is >30 minutes consider the use of an air ambulance. Requests for air ambulance shall be made to 9-1-1 and normal dispatching procedures will be followed; however, the air ambulance continuation of trauma run patient will be transported to the TC identified by the RH.
9. Simultaneously call 9-1-1 and utilize the following script to dispatch:

“This is a Continuation of Trauma Run from ____hospital to ____Trauma Center”

Dispatchers will only dispatch transporting paramedic units without any fire apparatus.
10. RH must send all medical records, test results, radiologic evaluations to the TC. DO NOT DELAY TRANSPORT - these documents may be FAXED to the TC.

SPECIAL CONSIDERATIONS

1. If the patient has arrived at the RH via EMS, the RH ED physician may request that transporting team remain with patient and immediately transport them once the minimal stabilization is done at the RH.
2. The RH may consider sending one of its nurses with the transporting paramedic unit if deemed necessary due to the patient's condition or scope of practice.
3. Nurse staffed critical care (ground or air) transport units maybe used; but may create a delay due to availability. Requests of nurse staffed critical care transport units must be made directly to the transporter agency by landline.

REFERENCE PROTOCOLS

<u>Protocol #</u>	<u>Protocol Name</u>
8060	San Bernardino County Requests for Hospital Diversion Policy
15030	Trauma Triage Criteria and Destination Policy